CLAIMS ONLY

Application Number	Filing Date
10695583	

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51		\		\		
2							52		\		\		
3							53	\		\			
4							54		\		\		
5							55		\		\		
6							56		\		\		
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8							58		\		\		
9							59	\		\			
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11							61	\		\			
12							62		\		\		
13							63		\				
14							64	\		\			
15							65	\		\			
16							66		\		\		
17							67		\		\		
18							68		\		\		
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20							70	\		\			
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44							94						
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46		\		\			96						
47		\		\			97						
48		\		\			98						
49		\		\			99						
50		\		\			100						
Total Indep							Total Indep	7		7			
Total Depend							Total Depend	21		21			
Total Claims							Total Claims	28		28			